AR 40-48

Review of CHAPTER 2-1.d(1)-(8)

Certified Registered Nurse Anesthetist(CRNA)

(eff 7 Nov 00)

Quality Management Directorate

LTC Deborah Cannon

C, Risk Management, Credential and License

VTC GOALS

- Review
  - 7 Nov 00 40-48, chapter 2-1(d)
  - Intent for changing the policy
  - Position Statement
  - MEDCOM QMD General Guidance
  - FAQs
- Discuss Successful Implementation Strategies
- Questions

AR 40-48, Chapter 2-1(d)

- **CRNA Privileges**

(1)Responsible for all components of anesthesia care

(a) Plan, pre-assessment & determine pt appropriateness,

(b) Informed consent,

(c) Determine and implement perianesthetic care,

(d) Conduct pre-induction assessment,

(e) Manage pt during perianesthetic period consistent with privileges,

(f) Assess post-operative status

(g) Postanesthesia recovery release or discharge,

(h) Post-operative pain relief

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- (2) For ASA I & II
  - CRNAs are not routinely supervised.
  - Seek consultation as needed.
  - Ultimate Clinical Authority and Responsibility for anesthesia services (when authority is exercised).

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(3) ASA III, IV, V

- Collaboration Required
- Anesthesiologist
- Documentation
- Consensus is Necessary

(4) ASA >III Anesthesiologist not assigned or available

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(5) MTF- Without Assigned Anesthesiologist.

- Specific Anesthesia Consultant
- Periodic Review
- Team Composition
- Purpose

(6) Administrative Supervision - Anesthesia Prog/Srvc

- Anesthesiologist available
- Anesthesiologist not available
- Inherent expectation

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(7)CRNA as Service or Department Chief

- Medical Director
  - Anesthesiologist
  - Senior Medical Corps Officer

- Rating Scheme
  - Letter of Input
  - MC rater for anesthesiologist

(8) Commander's Responsibility

- Professional Relationships
- Team Continuity

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INTENT

- Ensure provision of quality anesthesia care at home and deployed
- Implement a uniform CRNA Scope of Practice across the Army
- Provide clear, concise guidance to Commanders and all anesthesia care providers regarding CRNA Scope of Practice in the U.S. Army
- Eliminate unnecessary CRNA supervision
- Acknowledge CRNA judgment
- Maintain or increase appropriate communication between members of the anesthesia team
- Ensure that CRNA Scope of Practice at Training MEDCENs reflects the same Scope of Practice of all other MTFs. This provides Physician Surgical and Anesthesiology Residents in training with a practice environment that reflects the corporate standard.

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- There is an expectation that the changes to AR 40-48 will be implemented in the word and spirit that the document was written.

- Commanders maintain the authority to deviate from Army Regulation but careful attention to second and third order effects must be considered before exceptions are implemented.

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STATEMENT

The AMEDD has operated variably within the boundaries of AR 40-48 since it's writing. The implementation of the new changes in the regulation codify our daily practice, ensures that quality care is preserved and allows us to train as we fight while meeting our mission. A major cornerstone for the success of this rewrite will be the continued support and collaboration of our anesthesia physician leadership and the willingness of our Commanders to ensure its successful implementation.

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MEDCOM General Guidance

- ASA I & II

  Anesthesiologists and CRNAs have the same responsibility for collaborating with the surgeon while operating.

- ASA III, IV, & V

  No change

- CRNA Delineation Form

- Tort Law – Court Determines Liability

AR 40-48, Chapter 2-1(d)

FAQs

“Are CRNAs responsible and privileged for all the necessary components of anesthesia care they provide for all patients regardless of American Society of Anesthesiologist (ASA) category?”

AR 40-48, Chapter 2-1(d)

FAQs

“Are CRNAs responsible and privileged for all the necessary components of anesthesia care they provide for all patients regardless of American Society of Anesthesiologist (ASA) category?”

ANS:CRNAs are responsible & privileged for the entire anesthesia process.

AR 40-48, Chapter 2-1(d)

FAQs

“What is the meaning of the statement that CRNAs are not routinely supervised for ASA I and II patients?”

AR 40-48, Chapter 2-1(d)

FAQs

“What is the meaning of the statement that CRNAs are not routinely supervised for ASA I and II patients?”

Part 1

ANS: CRNAs are privileged for their judgment as well as clinical expertise.

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FAQs

Part 2

“ Does this mean that a patient could potentially enter the surgical pathway, be preoped, taken into the Operating Room, be anesthetized, taken to the PACU and discharged without the intervention, consultation or collaboration of an Anesthesiologist?“

AR 40-48, Chapter 2-1(d)

FAQs

Part 2

“ Does this mean that a patient could potentially enter the surgical pathway, be preoped, taken into the Operating Room, be anesthetized, taken to the PACU and discharged without the intervention, consultation or collaboration of an Anesthesiologist?“

ANS: Yes. This could occur even in an MTF where an anesthesiologist is assigned and physically present for duty.

AR 40-48, Chapter 2-1(d)

FAQs

“Does this mean that an anesthesiologist should not/can not be involved in the care of ASA I or II patients when CRNAs are assigned to the case?”

AR 40-48, Chapter 2-1(d)

FAQs

“Does this mean that an anesthesiologist should not/can not be involved in the care of ASA I or II patients when CRNAs are assigned to the case?”

ANS: No, the intent is to always maintain a collegial and collaborative relationship.

AR 40-48, Chapter 2-1(d)

FAQs

“What responsibility/accountability does an anesthesiologist have if the CRNA calls for assistance at a difficult or disastrous moment in the middle of a case?”

AR 40-48, Chapter 2-1(d)

FAQs

“What responsibility/accountability does an anesthesiologist have if the CRNA calls for assistance at a difficult or disastrous moment in the middle of a case?”

ANS: The physician’s accountability begins when the physician enters the case and takes responsibility for making patient care decisions.

AR 40-48, Chapter 2-1(d)

FAQs

“Is a CRNA or an anesthesiologist required to respond if another anesthesia provider requests assistance?”

AR 40-48, Chapter 2-1(d)

FAQs

“Is a CRNA or an anesthesiologist required to respond if another anesthesia provider requests assistance?”

ANS: Absolutely! Our ultimate commitment and obligation is always to the patient.

AR 40-48, Chapter 2-1(d)

FAQs

“How will the Medical Director (anesthesiologist) maintain visibility of the acuity and types of cases being performed in the Operating Room by the anesthesiologists and/or the CRNAs?”

AR 40-48, Chapter 2-1(d)

FAQs

“How will the Medical Director (anesthesiologist) maintain visibility of the acuity and types of cases being performed in the Operating Room by the anesthesiologists and/or the CRNAs?”

ANS: The Operating room schedule indicates the types of cases being conducted.

Any time a CRNA is providing care he/she has the responsibility to seek assistance on any case in which they feel they need assistance and are
mandated to interface with a physician (anesthesiologist if available) for all ASA III, IV an V patients.

AR 40-48, Chapter 2-1(d)

FAQs

“Does the Army Surgeon General or the AMEDD leadership believe that CRNAs and anesthesiologists are equally educated and therefore posses the same training and clinical abilities/expertise?”

AR 40-48, Chapter 2-1(d)

FAQs

“Does the Army Surgeon General or the AMEDD leadership believe that CRNAs and anesthesiologists are equally educated and therefore posses the same training and clinical abilities/expertise?”

ANS: No.

If this were the case, the rewritten Army Regulation would identify no requirements on the part of CRNAs to interface with physicians.

This regulation is simply allowing CRNAs to work to their fullest potential as Force Multipliers and professionals, but not as an attempt to be substitutes for physicians.

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Successful Implementation Strategies

QUESTIONS

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CONCLUSION

QMD WEBSITE

www.cs.amedd.army.mil/qmo

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